



PTO/SB/82 (09-04)

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ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/625,236
Filing Date	JULY 22, 2003
First Named Inventor	HELEN CASTIGLIA
Art Unit	2875
Examiner Name	STEPHAN F. HUSAR
Attorney Docket Number	CASTIGLIA - 1

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	BERNARD S. HOFFMAN				
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

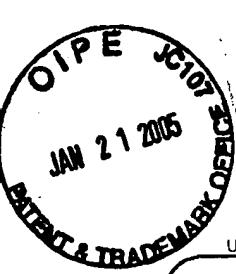
Signature	<i>HeLEN CASTIGLIA</i>		
Name	HELEN CASTIGLIA		
Date	1/18/05	Telephone	(631) 281-4010

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below*.

*Total of 1 forms are submitted.

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PTO/SB/81 (11-04)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/625,236
Filing Date	JULY 22, 2003
First Named Inventor	HELEN CASTIGLIA
Title	DECORATIVE LIGHTING SYSTEM...
Art Unit	2875
Examiner Name	STEPHAN F. HUSAR
Attorney Docket Number	CASTIGLIA1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
BERNARD S. HOFFMAN	30,756

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	BERNARD S. HOFFMAN			
Address	460 OLD TOWN ROAD, SUITE 7F			
City	PORT JEFFERSON STATION	State	NEW YORK	Zip 11776
Country	U.S.A.			
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Heleen Castiglia</i>	Date	1/18/05
Name	HELEN CASTIGLIA	Telephone	(631) 281-4010
Title and Company	APPLICANT		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below*.

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